California's Health

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SOME POPULATIONS AT RISK*

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I would like to share with you some ideas about preventive mental health or preventive community psychiatry and tell you something of what we are doing and what we expect to be doing in the Mental Health Service of the California State Department of Public Health.

Prevention

At the outset I want to stress that the job of "public health mental health" is preventive. This needs a little clarification, as prevention covers many areas. Hugh Leavell † lists them as: (1) rehabilitation, (2) limitation of disability, (3) early case finding, early diagnosis, early treatment, (4) specific protection, and (5) promotion of mental health. Suppose you work in a hospital and are discharging a patient. You want to try to make sure that the patient does not need to come back, so you are concerned with rehabilitation. Rehabilitation then is an attempt at *prevention* of reinstitutionalization. Likewise, if you work in a hospital and are treating a sick person in an attempt to *prevent* death or suicide, then treatment is a preventive measure. If you find cases early, diagnose them early, treat them early in order to *prevent* an acute case from becoming a chronic case, then, too, the early case finding, early diagnosis and early treatment are preventive measures. If you use a specific, such as penicillin, to *prevent* paresis in a patient who has already contracted syphilis, then the use of that specific as protection is a preventive activity. Of course, health promotion, the broadest form of *prevention*, is our goal; namely, trying to give families information and understanding that they in turn can give to their children, so that the children will be spared some of the problems that beset us at present. If we fail to promote mental health, fail to teach better ways to rear children, then we are forced further down the spectrum of prevention to treatment, to limitation of disability, until the succession of failures in prevention brings us to rehabilitation. Our first goal, though, is promotion of mental health. The focus of "public health mental health" is by and large on those who are not in hospitals or other institutions. Our mental health efforts place special emphasis on early case finding, early diagnosis, early treatment and promotion of mental health.

Definition of Mental Health

We are dealing with mental health. But what is mental health? We have difficulty in defining the entity for the good reason that mental health does not exist as an entity. The definition of health found in the Constitution of the World Health Organization is, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Health thus is an indivisible unit which is at one and the same time mental-physical-social. We have some idea as to what is meant by the physical aspects of health; we have had a little idea, maybe not quite so clear, as to what is meant by the mental aspects of health—something to do with emotions, interpersonal relationships, the way one feels about himself and others—but the area of health that needs most exposition is the social area. An illness does not exist in an individual but rather an illness in an individual affects those in his family, those around him and, in fact, his society. This is fairly easy to see when tuberculosis affects the breadwinner of a family and his wife and children are reduced to receiving governmental aid to needy children. It may not be so clear when a child gets tuberculosis, but the involvement is plain when the parents blame themselves and wonder, "What in heaven have I done to account for God's punishing me by making my child ill?"

Populations at Risk

So when we are concerned with prevention in the area of "public health mental health," we are concerned with groups of people rather than with individuals. There are many groups of people with whom we could and probably should work, but we are going to have to do pilot studies on certain groups arbitrarily singled out for preventive work, so that the efforts of our few personnel can be directed more effectively. We know from experience and from ongoing research that there are groups we can call "populations at risk" in the field of mental health as in all the other

* This talk was given at the joint program of the Public Health Section and the Psychiatry and Neurology Section of the California Medical Association Annual Meeting, May 1, 1957, Los Angeles, California.

† Hugh R. Leavell, M.D., Dr.P.H., Professor of Public Health Practice, Harvard School of Public Health.

phases of public health. There are known to be populations at special risk in the following nine areas.

(1) Juvenile Delinquency

First is the area of juvenile delinquency. The Gluecks (1) at Harvard, a husband and wife research team, have for about 30 years been working on the problems of juvenile delinquency. They have compiled a list of predictive criteria, criteria by which to predict which children are most likely to become adjudicated as juvenile delinquents. Their second best single criterion you probably know of, namely, broken homes, but you may not know their first best single criterion. It is adjudication of one or both of the parents as either juvenile delinquents when they were young or as adult criminals when they were older. This means, then, that if we want to do something in the schools to prevent children from becoming juvenile delinquents, rather than spreading the efforts of our to few professional personnel too thinly, we might better think of working only with those children whose parents are known to have had trouble with the law.

(2) Attempted Suicide

A second area is that of attempts at suicide. A recent study on suicide, done in Los Angeles (2), states that of the series of suicides 75 percent had either attempted suicide previously or had threatened suicide, or both. Here again we have advance information about a "population at risk." We will need to do some pilot studies on the prevention of suicides, possibly among the attempted suicides brought to county hospitals. First we might want to find out what proportion of attempted suicides, if left to their own present devices, would in fact go on to suicide. We do not have at present this kind of prospective information.

(3) Sociological Aspects of Suicide

Third is an area related to suicide, but also in the area of sociology and city planning. The best known work in this field is by Durkheim (3), and more recently by Sainsbury (4). Sainsbury's book, published in 1956, is called, "An Ecologic Study of Suicide in London." In essence, what he says is that the suicide rate for a country is determined by factors within that country, and that the suicide rate is so specific for a country that if the rate is known the country can be identified by it. For example, Japan and Sweden can be recognized by their high rates; Italy by its low rate. Furthermore, Sainsbury says that if you draw concentric circles around the center of the City of London, the central circle has the highest rate of suicide. As you go out toward the suburbs to the farthermost rings, the rate decreases. (Similar studies have been done for Chicago (5), San Francisco and the Bay area (6)). The implication is that if you do away with the center of a city, the suicide rate will decrease. This sounds rash, but it is not as rash as it sounds and is worth thinking about. If you or I go to the center of a city for a short time, whether we are affluent enough to live in a penthouse or, and I guess the word should be "exfluent" enough to live in a flophouse, it means being away from church, family and friends. We are more likely to stay up later at night, drink more heavily, smoke more heavily, and be isolated with many people around us. Studying suicide is important not only for that problem alone, but because Sainsbury and others are finding that not only is the suicide rate high in the center of the city but also the divorce rate, the rate of alcoholism, and the rate of hospitalization in a mental institution. It is difficult to record and to define alcoholism and mental illness but fairly easy, with some exceptions, to define and to record suicide. Suicide, alcoholism, and mental illness are all symbols, symbols of social deterioration, the result of social isolation. So we may have to concern ourselves with city planning and architectural design in order to prevent some of the mental illnesses.

(4) Pregnancy

Another "population at risk" group that can be singled out for preventive work is the county hospital population of pregnant women. Let me give a little background here. In the early 1940's came the knowledge that German measles in the first trimester of pregnancy can cause congenital malformations; that congenital malformations are not necessarily the result of heredity factors, but may in fact be due to intra-uterine prenatal factors. If German measles could cross the placental barrier and do harm to a child, so then might maternal anoxia, or physical damage to the mother, or hormonal imbalance of the mother. More recently Pasamanick and Lilienfeld (7) have done studies which indicate that the amount of difficulty that a child will have or cause after he is born is correlated with the amount of difficulty that the mother had in her pregnancy before he was born. This again sounds like a rash statement, but what they mean is that babies born to mothers who have an inordinately large amount of intermittent "spotting," threatened abortion and premature delivery are more likely to have mental deficiency, brain-damage type of epilepsy and brain-damage type of behavior disorder. The State Department of Public Health in a recent study of prematurity has found that one out of 14 live births in California is premature. They found, too, that the county hospital population of pregnant mothers has a prematurity rate 50 percent higher than that of the private hospital population of mothers. When you look further into the situation you find that one of the factors involved is that in the county hospital an eligibility worker says to the pregnant woman, "You haven't lived in the county long enough to be eligible for prenatal care here," or "Your husband is making too much money, so you must go to a private physician or a private clinic." The mother does not go to the private physician or clinic, comes to the county hospital once more, but this time in premature labor. If then we want to prevent some of the mental deficiency, some of the brain-damage type of epilepsy, some of the brain-damage type of behavior disorder, we have to re-examine and possibly change our county hospital eligibility requirements and inquire carefully into the quality of prenatal care given there.

(5) Maternal Deprivation

Another "population at risk" is made up of those children physically and emotionally deprived of mothering. This area of maternal deprivation was made famous by John Bowlby in 1951. In a World Health Organization monograph (8) he states that if there is physical separation of the

child from the mother, or emotional separation, such an environment is not conducive to good mental health in the growing child. The unwed mother with guilt feelings and unresolved hatred of the child's father is in a group which can be expected to have problems that will interfere with their mothering their young. Work with the unwed mother, both to help her give up the child where this is indicated and to keep the child where she is able, might bring rich rewards in preventing some psychosomatic illness, some schizophrenia, and some behavior disorders.

(6) Families on Relief

Another "population at risk" is the family on relief. Bradley Buell (9) of the Community Research Associates has devised a list of predictive criteria by which to single out for short-term, intensive work those families which can be expected to be going off the relief rolls in a short while, rather than spending too much time on those who can be expected to be on relief chronically. If personnel, budget and time are limited, they can be used effectively by working with this segment of the welfare population to keep them from becoming further dependent. The predicative criteria on Buell's list are quite reasonable. For example, if the woman applying for relief is 60 years old, has never worked before, her husband has just died and she has no one else on whom to depend, it can be expected that she will be on relief as long as she lives. If, on the other hand, the woman is younger, has a husband who has been steadily employed in the past but has recently had an accident from which he is expected to recover completely in about two months, then this woman and family can reasonably be expected to be off relief in a short time. Another example is a woman 50 years of age with several children, among them one or two old enough to start working soon and contribute to her support. She also can be expected to be off relief in a short time. The important thing in working with these families is to select those that will not require attention over a long period of time, but rather can have their expressed needs met so that they can leave the agency easily when the time comes for them to do so.

(7) Bereavement

Another "population at risk" is found in the area of grief reactions, mourning reactions. Dr. Erich Lindemann (10), Professor of Psychiatry at Harvard, got interested in this problem as a result of the Cocoanut Grove night club fire in Boston in 1942. He was then a psychiatrist at the Massachusetts General Hospital and worked with survivors of this fire wherein many people were trampled to death. He was surprised to find that some of the surviving spouses seemed to be able to get along even better than they had while the spouse was alive. Dr. Lindemann found that those who were in a chronic state of grief and could not get along as well as they had before the death of the spouse were the ones who could only recognize their tender feelings toward the dead spouse and thought of the deceased as still alive or an angel in heaven. They were unable to get out the hostile, aggressive feelings they had toward the deceased. He found that those who were able to get out not only their tender, affectionate, loving feelings but also their hostile, aggressive, hateful feelings could, "having buried the dead," go on to rebuilding their lives. Since treatment for unsuccessful mourning reactions may take years and still end in the surviving spouse's suicide, prevention is most important. The minister and the mortician are in strategically good positions to work with the surviving members of the family of a recently deceased person in an attempt to encourage successful mourning and prevent the chronic grief reaction.

(8) Factors Precipitating Hospitalization

In this area of preventive work we are concerned with preventing unnecessary hospitalization of a patient with mental disorder. When we prevent such hospitalization, we also prevent the family disruption, economic deprivation, dependency, social stigma and the other emotional stresses attendant on hospitalization of a family member.

Those of us who have worked in mental hospitals are well aware that people do not come to the hospital only because they are sick and they do not leave the hospital only because they are cured. We know they often come to the hospital because their families and the community will no longer endure them and they go back from the hospital when their family or foster home or community will again "put up" with them. Dr. Carroll Whitmer ‡ gave some very striking illustrations of this at an institute in Utah in 1955 on the epidemiology of mental health. Dr. Whitmer said that he got some very interesting answers when he asked families why hospitalization was needed now when the patient had been ill for a long time. He got such answers as: "Well, Uncle John got drunk and smashed the family car," or "Grandpa fell through the picture window," or "He is just an extra mouth to feed and we can't afford to keep him, so he will have to go to the state hospital." In trying to work in the area of factors precipitating hospitalization, we will not actually be attempting to cure psychosis, but rather we will be trying to take that "last straw off the camel's back" of the family, so that at least the hospitalization can be prevented and they can be spared the ordeal. One way of doing this is to send a team made up of a psychiatrist, psychologist and social worker to the home on an emergency basis to try to quiet the proposed patient and work with the family to prevent hospitalization. If the patient can be quieted long enough, so that the family can bring him later to the county hospital for better evaluation of the case, it may be possible to prevent much unnecessary hospitalization. This is being done in Amsterdam and in this country in Philadelphia.

(9) Promotion in Industry

In another area of "population at risk" are those people who are about to be promoted to more responsible positions. Sociologists tell us that you have less trouble in well-defined groups and more trouble in the boundaries between these well-defined groups—the "phase" areas, the boundary areas where a person belongs to neither one group nor the other. They tell us also that you can look for trouble in the area of social mobility and upward climbing. A specific example in industry is an employee about to receive a promotion. The question arises whether the counseling service should work with him to see if this

‡ Carroll A. Whitmer, Ph.D., Chief, Clinical Psychology Service, Veterans Administration Hospital, Salt Lake City, Utah.

promotion is a threat to him and to his health, or whether he can take the added responsibility in his stride and move onward and upward. Needless to say, this area of prevention is not confined to industry, but we speak of industry here because industry usually has resources of counseling available for these vulnerable persons about to take on heavier responsibilities.

Caretaking Personnel

These are some of the areas for preventive work in mental health that would be especially productive. Preventive work in this field does not always require the services of psychiatrists, psychologists or psychiatric social workers. There are people in the community who can be considered "caretaking personnel." These are the people in the community who routinely see people with problems at an early stage. The caretaking personnel are not the psychiatric team members of a hospital or clinic. I like to consider as caretaking personnel the bartenders, ministers, physicians, lawyers, hairdressers, pediatricians, public health nurses, scoutleaders, schoolteachers, probation officers, policemen, social workers, etc. You are probably well aware of the cartoons depicting the bartender with the degree in psychoanalysis pasted in the corner of the mirror behind him. If these caretaking people do in fact see problems at their inception, then part of the work of professional "mental healthists" is to work with them so that these "caretakers" may be able to carry on at least three different kinds of activities. *One,* they are in a position to do early case finding; *two,* they are in a position to do early referral (unfortunately there are not many places to which to refer); and *three,* they can listen. Listening implies catharsis, letting someone talk himself out and get something "off his chest," so that he may himself come to a decision as to what he wants to do.

Place of the Health Department

The local health department staff is a caretaking personnel group, like the lawyers, the teachers, the probation officers. They get problems early and late on a physical basis and can then investigate in the emotional area. But besides being a caretaking group, the local health department staff is a group who may be expected to work with other caretaking personnel in the community. They can arrange case conferences about a problem, conferences that involve the schoolteacher, the minister, the probation officer and public health nurse; and they can be a consultative group. For example, if the local health department has a family guidance center or a child guidance clinic, its professional staff may be made available to community groups for the purpose of consultation about people who have problems.

Getting back then to the mental service of the State Department of Public Health, our staff is a tiny one —we have only a mental health nursing consultant, a stenographer and myself. The nurse and I are consultative people. We are part of a chain of consultation. We consult with local health department staff members, who in turn consult with staff of community agencies, who then give consultation to the people of the community. This consultative service to the local health department staffs is a large part of our activity, but in addition we carry on inservice education of mental health personnel of local health departments to help fit them for consultative activities.

We also participate in inservice education of other welfare, education and health agency personnel by means of workshops, seminars and class lectures. A part of our work is helping to co-ordinate the mental health activities of state agencies closely involved with mental health—the Departments of Corrections, Education, Mental Hygiene, Recreation, and Social Welfare, the Youth Authority, and the Alcoholic Rehabilitation Commission.§

With other staff of our Department of Public Health we carry on joint activities related to the mental health aspects of the various programs being carried on in local health departments.

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§ By action of the 1957 Legislature incorporated into the State Department of Public Health.

State Supreme Court Upholds PUC Fluoridation Order

The California Supreme Court has ruled, in a decision handed down August 13, 1957, that the State has the power to require fluoridation of drinking water supplied by a private company.

The ruling upholds an order issued by the State Public Utilities Commission, January 29, 1957, directing the California Water Service Company to fluoridate the drinking water supplied to customers in Oroville and vicinity (see March 1, 1957 issue of *California's Health*).

The court denied petitions by the National Health Federation and the Northern California Committee of the Pure Water Association of America that sought a review of the PUC decision.

In its decision, based on testimony by both the proponents and opponents of fluoridation, the PUC stated the use of fluorides would "promote the health of the customers . . . and would not cause injury to the consumers."

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(4) Sainsbury, Peter. *"Suicide in London —An Ecologic Study."* Basic Books, 1956.

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(6) Wendling, Aubrey. *"Suicide in the San Francisco Bay Region 1938-1942 and 1948-1952."* Ph.D. Thesis, University of Washington, 1954.

(7) Pasamanick, Benjamin, and Lilienfeld, Abraham M. *"Association of Maternal and Fetal Factors With Development of Mental Deficiency. I. Abnormalities in the Prenatal and Paranatal Periods."* Journal of American Medical Association, 159:3:155-160, September 17, 1955

(8) Bowlby, John. *"Maternal Care and Mental Health."* World Health Organization Monograph No. 2, 1951.

(9) Buell, Bradley. *"Community Planning for Human Services."* Columbia University Press, 1952.

(10) Lindemann, Erich. *"Symptomatology and Management of Acute Grief."* American Journal of Psychiatry, 101: 141-148, September, 1944.

Public Health Legislation Summary

Listed below is a summary of the acts passed by the Legislature at the 1957 Regular Session, and approved by Governor Knight, which relate to the activities of the California State Department of Public Health and local health departments in the State. Also included in the summary are acts which are of interest in the field of public health. All bills are effective September 11, 1957, unless they specifically provide otherwise.

SB 119 (Chapter 2412)

This bill establishes as state policy that multiple use should be made of all publicly owned water supply reservoirs to the extent consistent with public health and public safety. It applies to all publicly owned water supply reservoirs, both those heretofore and those hereafter constructed, but excludes bodily contact water sports in reservoirs storing water for domestic purposes.

SB 244 (Chapter 1989)

Community mental health services are established by this bill which provides for partial state support on a 50 percent matching basis for local cities and counties that establish such services. The bill establishes a California Conference of Local Directors of Mental Health Services, and provides that the California Conference of Local Health Officers shall act as the Mental Health Services Conference until 12 community mental health services have been established. Local advisory boards are also authorized. Senate Bill 245 provides an appropriation of $850,000 for the support of community mental health services.

SB 274 (Chapter 1803)

This bill revises Sections 1300 and 1320 of the Clinical Laboratory Law setting minimum and maximum license fees to be paid by the licensee and adds a subsection to the offenses against the chapter which makes possible the suspension or revocation of a license if the licensee is convicted of a felony.

SB 379 (Chapter 205)

This bill is a recodification of certain of the public health statutes in the Health and Safety Code. It makes no significant changes in existing law but rather eliminates obsolete provisions, consolidates duplicate sections, and generally renumbers and rearranges the material.

SB 384 (Chapter 363)

This bill is a companion bill to Senate Bill 379, providing for a rearrangement of the vital statistics law, without making any significant changes.

SB 581 (Chapter 2413)

This bill gives legislative endorsement to recreational use of domestic water supply reservoirs under permit from this department. It leaves the decision as to proposed recreational use, however, in the hands of the water supply agency itself.

SB 598 (Chapter 2020)

This bill establishes statutory authority for the transfer of the original birth, death and marriage records from the custody of the department to the state archives maintained by the Secretary of State. The bill provides for microfilming of the documents.

SB 600 (Chapter 670)

This bill clarifies the authority of local health departments to contract with local school districts for school health services.

SB 754 (Chapter 242)

This bill changes the motivation of the action of the Director of Public Health from one of reporting actual disease occurence to one of reporting potential disease hazard to the Director of Agriculture in order to trigger field rodent control.

SB 920 (Chapter 2028)

This bill amends the Hospital Licensing Program by giving the State Department of Public Health authority to secure injunctions against licensed nursing and convalescent homes. This bill will permit injunctions on a temporary basis to abate violations of minimum licensing standards pending final action under the Administrative Procedures Act.

SB 1029 (Chapter 1666)

This bill clarifies the definition of an "employer's clinic."

SB 1105 (Chapter 1024)

This bill amends the Clinical Laboratory Act to require that the department notify all licensees whose licenses have been delinquent for a period of five years. After such notification, if the licensee fails to renew his license, the deparement may require said licensee to take a new examination if he subsequently applies for renewal of his license.

SB 1231 (Chapter 1781)

This bill constitutes a great improvement over existing provisions of the Health and Safety Code for the control of rabies. While the bill represents a compromise, it does give the State Department of Public Health an additional tool in declaring areas endemic and requiring vaccination therein and a greater control of animals when the threat of rabies is present. The bill should materially assist the State Department of Public Health, local health officers, and the various cities and counties in attaining more adequate control and prevention of a disease which unnecessarily causes much anguish and suffering in the State.

SB 1300 (Chapter 1736)

This bill clarifies the authority of the sheriff to pick up tuberculosis patients confined in the medical facility of the Department of Corrections, and return them to the county from which they were committed without a court order or other process.

SB 1786 (Chapter 918)

This bill makes it mandatory for every school teacher and other school employees to be examined at two-year intervals to prove the absence of active pulmonary tuberculosis.

SB 1949 (Chapter 1930)

This bill will enable San Diego County to eliminate duplicate records of birth and death certificates in the various San Diego County offices, which records are now required by law, and applies only to that county.

SB 2011 (Chapter 1802)

This bill deals with the Clinical Laboratory Law making certain changes in terminology. In addition the bill will correct certain inconsistencies in wording and substitutes current names of approving agencies for presently obsolete names.

SB 2157 (Chapter 1819)

This bill adds the county recorder to two sections of the law which involve authority for issuing without charge limited statements as to the date of birth for the use of children

at the time of their admission to school or for the purpose of securing employment. It also provides that the county recorder, as well as the local registrar, may verify the date and place of birth without fee.

SB 2330 (Chapter 1839)

This bill clarifies authority for the disposition of old X-ray films and case records.

AB 32 (Chapter 2318)

This is the California Public Outdoor Recreation Plan Act and it sets up a committee, consisting of certain state officials, for the development of a California Public Outdoor Recreation Plan.

AB 679 (Chapter 1068)

This bill provides a plan for medical services to public assistance recipients. The State Department of Social Welfare is authorized to develop a plan with the use of federal funds so that such medical services will be available in each county.

AB 951 (Chapter 461)

This bill simplifies the handling of reports relative to premarital and prenatal blood tests by laboratories and by the State Department of Public Health.

AB 952 (Chapter 462)

This legislation authorizes the State Department of Public Health to make regulations governing the transportation of "cultures of microorganism which may produce disease."

AB 1053 (Chapter 933)

This bill permits a decedent, prior to his death, to make a gift of his remains to an agency approved by the State Department of Public Health. It also permits, upon specific written authorization, by persons now legally able to give permission for autopsy under Section 7113 of the Health and Safety Code, the removal of specified organs or structures for scientific or therapeutic purposes, and the gift of such organs or structures to an agency approved by the State Department of Public Health.

AB 1054 (Chapter 1950)

This is a companion bill to AB 1053 and makes changes in the Probate Code consistent with the amendments to the Health and Safety Code indicated in AB 1053.

AB 1087 (Chapter 604)

This bill gives authority to the State Department of Public Health to make and enforce rules and regulations pertaining to the sanitation, healthfulness, and safety of public beaches and water-contact recreational areas of the ocean and bays. Standards promulgated shall be applied to those waters specified by the State or Regional Water Pollution Control Boards as water-contact sport areas.

AB 2094 (Chapter 2222)
AB 2095 (Chapter 2223)
AB 2096 (Chapter 2224)

These bills provide that the meetings and records of the California Conference of Local Health Officers, the Advisory Hospital Council, and the State Board of Public Health shall be open and public.

AB 2880 (Chapter 2409

The State Department of Public Health is given the responsibility of enforcing the provisions of Section 383(b) of the Penal Code under this act, which section relates to kosher food products.

AB 3117 (Chapter 1004)

This bill abolishes the Alcoholic Rehabilitation Commission and transfers all of its duties and responsibilities to the State Department of Public Health.

AB 3510 (Chapter 1428)

This bill encourages the donation of blood by prisoners in city or county jails, making a reduction in the prisoner's sentence because of this action.

AB 4092 (Chapter 1006)

This bill changes the vital statistics law requiring that copies of death certificates sent to county recorders by local registrars of vital statistics be complete, that is, include the statement of the cause of death.

A total of $725,025,000 was spent on tuberculosis in 1956, or $4.25 for every man, woman, and child in the United States.—*This Week in Public Health*, Vol. 22, No. 29.

Scientists at the University of California, Los Angeles, are using radioactive tomatoes to study chemical structures which may have an association with high blood pressure.—*U. C. Clip Sheet*, Vol. 33, No. 4, July 23, 1957.

Ad Hoc Advisory Committee For Influenza Formed

A 12-man ad hoc committee has been appointed by Dr. Malcolm H. Merrill to advise the California State Department of Public Health on the current influenza situation.

Committee members are:

California Medical Association

Warren L. Bostick, M.D., Asst. Prof. of Pathology, U. C. Medical Center, San Francisco.

James C. MacLaggen, M.D., San Diego.

California Osteopathic Association

J. Gordon Epperson, D.O. Oakland.

California Conference of Local Health Officers

Henrik L. Blum, M.D., Contra Costa County Health Officer, Martinez.

California Pharmaceutical Association

James J. McGoldrick, Oakland.

Technical Experts

Lowell Rantz, M.D., Professor of Medicine, Stanford School of Medicine, San Francisco.

E. B. Shaw, M.D., San Francisco.

Irving Gordon, M.D., Professor and Chairman, Department of Microbiology, University of Southern California, Los Angeles.

K. F. Meyer, M.D., Director, Hooper Foundation, U. C. Medical Center, San Francisco.

A. Fred Rasmussen, M.D., Professor of Virology, U. C. Medical School, Los Angeles.

California State Board of Public Health

Charles E. Smith, M.D., President, Dean, School of Public Health, University of California, Berkeley.

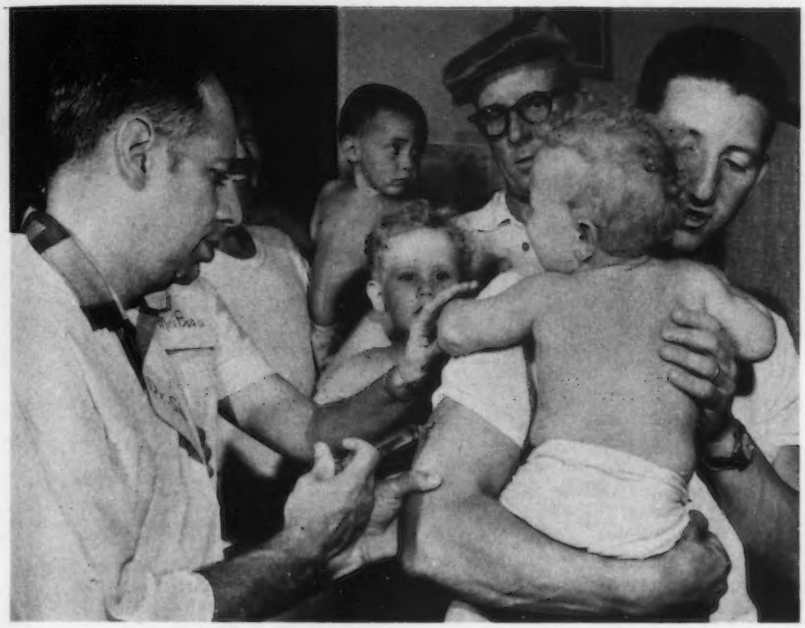
Dave F. Dozier, M.D., Sacramento.

Dr. Carey Dies

Dr. Hollis Carey, of Gridley, died recently in Memorial Hospital of cancer. He was 54.

Dr. Carey was a member of the Public Health Committee of the California Medical Association, and served on the Ad Hoc Advisory Committee for Prophylaxis of Poliomyelitis and the Advisory Committee of Crippled Children Services to the California State Department of Public Health. For the past four years he was chairman of the California Medical Association's Committee for State Medical Services.

A graduate of the University of Oregon Medical School, Dr. Carey practiced medicine in Gridley for 19 years. He was a member of the American and California Academies of General Practice.



FAMILY NIGHTS SUCCESS IN LOS ANGELES

A record 36,500 polio immunizations were given in three hours by the Los Angeles City Health Department during its "Family Night" August 1st at 17 health centers from 6 to 9 p.m., according to a report from Dr. George M. Uhl, health officer.

It was the second Family Night held by the department, the first one being staged June 6th, when 25,000 immunizations were given. Thirty-four doctor-nurse teams were used at the Family Night clinics.

Family Night was a public health education idea to strengthen the promotional opportunities, and to attract family groups during the evening hours rather than the individual type of response experienced at daytime clinics.

Considerable support was given the program by the city's newspapers, radio, and television stations. Editorials, news stories, announcements and newsreel films "plugged" the date; Los Angeles' 74 disk jockeys told their listeners to take advantage of the evening.

A key part of the campaign was an automatic answering telephone which gave callers the addresses of the 17 health centers. The telephone, with five instruments operating in rotation, played a 53-second recording. The instruments received and answered up to six calls a minute, and during the peak periods handled an estimated 4,000 calls a day.

Streptococcus Food Poisoning

At least 30 persons, out of a total of 51, attending a church picnic were stricken by streptococcus food poisoning; chicken salad was the suspected food. Chickens were pressure cooked, and packed into a container which was placed in a home refrigerator. It is doubtful, because the meat was tightly packed in the container, that the chicken reached a safe temperature during refrigeration. The following day chicken salad was prepared and taken to the picnic site. Again, it is doubtful that an adequate refrigeration was maintained.

Onset of symptoms, typical of this type of infection, was sudden and of short duration. Laboratory examination of the chicken salad was positive for streptococcus.

Hospital and Health Center Construction Allocations, 1957-58

More than $10,000,000 in state and federal matching funds was allocated for the construction of 15 hospital and health center projects at an August 8th-9th meeting of the Advisory Hospital Council in Los Angeles.

The funds, which represent two-thirds of project cost with the remaining one-third to be provided locally, were allocated for construction or improvement of seven general hospitals, two public health centers, one chronic hospital, three nursing homes, one diagnostic and treatment center, and one rehabilitation facility. Applicants will have four months to demonstrate their financial ability to meet their share of the construction costs.

In four cases: Marin General Hospital, St. Joseph's Nursing Home, San Bernardino County Charity Hospital, and Casa Colina Rehabilitation Center; available state-federal funds were not sufficient to provide two-thirds of the entire construction cost and additional funds, over the normal one-third appropriation, will have to be provided locally to insure completion of these projects.

Applicant	*Allocation*
General Hospitals	
Marshall Hospital, Placerville	$673,384
Holy Cross Hospital, San Fernando	2,451,984
Pacoima Memorial Hospital, Pacoima	1,425,312
Avalon Municipal Hospital, Catalina Island	161,460
Harbor Osteopathic Hospital, San Pedro	594,882
San Pedro Community Hospital, San Pedro	1,740,156
Marin General Hospital, San Rafael	591,570
Public Health Centers	
Alameda County Health Department	$806,348
Los Angeles County Health Department—Glendale District	349,092
Chronic Hospital	
Herrick Memorial Hospital, Berkeley	$304,894
Nursing Homes	
Plumas County	$198,114
Amador County	153,880
St. Joseph's Nursing Home, Ojai	48,308
Diagnostic and Treatment Centers	
San Bernardino County Charity Hospital	$520,988
Rehabilitation Facilities	
Casa Colina Rehabilitation Center, Claremont	$289,184

Public Health Positions

Contra Costa County

Sanitarian: Salary range, $414 to $496. Three positions are available. Require state registration.

Physical Therapist: Salary range, $395 to $474. Three vacancies at cerebral palsy schools in Concord and El Cerrito. Apply Contra Costa County Civil Service, Box 710, Martinez.

Los Angeles County

Public Health Physician: Salary range, $677 to $842, recruiting at $755. Four positions are available, one in venereal disease, and three in chronic disease. A part-time position is also open. For further details write, Roy O. Gilbert, M.D., Health Officer, Los Angeles County Health Department, 241 North Figueroa Street, Los Angeles 12.

Monterey County

Sanitarian: Salary range, $380 to $470. Two positions open. Car allowance 10 cents per mile for first 500 miles, 6 cents per mile thereafter. Applicants should contact M. W. Husband, M.D., Health Officer, Monterey County, 154 West Alisal Street, Salinas, California.

Santa Barbara County

Director of Public Health Nursing: Salary range, $455 to $553. Car furnished. Requires certificates as PHN and RN, candidates with master's degree in public health will be given preference. For details write Joseph T. Nardo, M.D., Health Officer, Santa Barbara County Health Department, P. O. Box 119, Santa Barbara.

Sonoma County

Physical Therapist: Salary range, $429 to $515. Applicants must have, or be eligible for, a valid California license as a physical therapist.

Public Health Nurse: Salary range, $341 to $410 (effective October 1, 1957, $374 to $449). Candidates must have California PHN certificate. Write Sonoma County Civil Service Commission, Court House, Santa Rosa.

The median age for first marriage is now 23 for men and 20 for women. —*Metropolitan Life Insurance.*

Dr. Merrill to Tour Russia

Dr. Malcolm H. Merrill, Director, California State Department of Public Health, is on a four-week tour of Russia to observe public health developments and programs.

Dr. Merrill was chosen by Dr. L. E. Burney, U. S. Surgeon General, as one of a team of five prominent American public health specialists to make the trip. They will travel over 6,000 miles within Russia in their survey of Russian public health facilities and methods. The director in particular will study public health administration in rural and urban areas.

In the near future five public health experts from Russia will make a similar survey throughout the United States. The tour is part of a continuing program by the United States Government to promote the exchange of technical and scientific information between the two nations.

Dr. Merrill has been a consultant on public health problems in other parts of the world in recent years and currently is president of the United States-Mexico Border Health Association. In 1955 and again in 1956 he was a consultant on the study of nutritional problems of Central America for the World Health Organization and in 1952 he served the United States Government as a consultant in public health in India.

New Publication

Premarital health examinations laws, the requirements of which vary from jurisdiction to jurisdiction, are now in effect in 42 states and two territories of the United States and in five of the provinces of Canada.

GOODWIN J. KNIGHT, Governor
MALCOLM H. MERRILL, M.D., M.P.H.
State Director of Public Health

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STATE DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH EDUCATION
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A *Summary of Requirements for Premarital Examinations in the States and Territories of the United States and Provinces of Canada* has been compiled by this department to be used as a reference source for answering inquiries from persons planning to be married out of the State.

Distribution of the summary will be limited to local health departments, county marriage license clerks and clinical laboratories approved for premarital tests. Copies may be obtained upon request, from the Bureau of Health Education, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4.

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